

**DOT GAS OQ TASK / CHANGE FORM**

- 1 Indicate ADD or DEL next to the appropriate task(s).
- 2 If (ADD) indicate Initial (IQ) or Subsequent (SQ) in the appr. legend column.
- 3 If (DEL) indicate 1 thru 5 for reason in the appropriate legend column.
- 4 If adding, provide appropriate Qualification Evaluation form(s) and send to OQC for review. If Deleting no other forms are necessary.

ADD for Initial or Subsequent qualification  
 DEL for Deleting a qualification

Last Name: \_\_\_\_\_  
 PERNR#: \_\_\_\_\_  
 PCC: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Corporate ID: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Add Legend**

**IQ** - Initial qualification  
**SQ** - Subsequent qualification

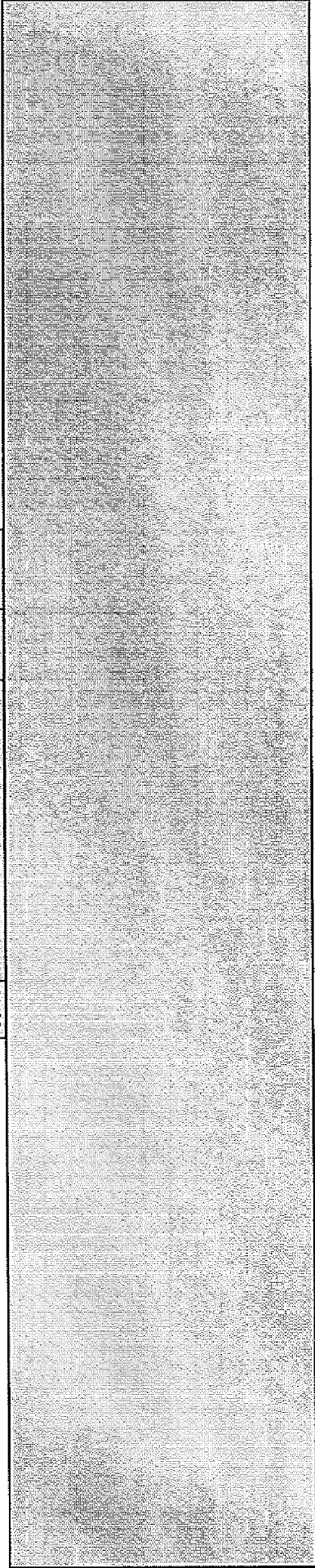
**Delete Legend**

- 1 - Employee failed subsequent qualification
- 2 - Employee's performance contributed to incident
- 3 - Employee's performance unsatisfactory
- 4 - Operational needs
- 5 - Department exempt under OQ rule

#	Title	ADD/DEL	Legend
01-01	<b>CAST IRON REPAIR</b>		
01-02	Bell joints & spigot seals		
01-03	Protect cast iron pipeline		
	Operations and maint.		
	<b>R&amp;R DISTRIBUTION PIPELINE</b>		
02-01	Mechanical repairs - steel		
02-02	Weld repairs		
02-03	Pipe squeezing - steel		
02-04	Pipe squeezing - plastic		
02-05	Pipe squeeze - plastic 1/2" & 1"		
02-06	Abandon/deactivate		
02-07	Pipeline replacement		
02-08	Dist. Composite Leak Repair		
02-09	F. S. Mechanical Repair		

#	Title	ADD/DEL	Legend
	<b>CORROSION CONTROL</b>		
03-01	Dist. pipe coating - tape/paint		
03-02	Trans. pipe coatings - all		
03-03	Rectifier reads		
03-04	Atmospheric corrosion		
03-05	Pipe inspection		
03-06	Pipe-to-soil reads		
03-07	Cathodic protection maint.		
03-08	Galvanic anode maint.		
03-09	Internal corrosion/monitor		
03-10	Rectifier maintenance		
03-11	Tri&I for adequate electrical isolation		
	<b>LEAK TEST</b>		
04-01	Soap test/stand-up test		
	<b>LOCATE FACILITIES</b>		
05-01	Mark and locate facilities		
05-02	Standby pipeline		
05-03	Location of Facilities w/o Wire		

#	Title	ADD/DEL	Legend
	<b>TAP PIPELINE UNDER PRESSURE</b>		
06-01	Tap & plug svc. tee 3/4" to 2"		
06-02	Top tap & plug 3/4" to 4"		
06-03	Split ctrl tap & plug 3/4" to 2"		
06-04	Split ctrl tap & plug 3" to 8"		
06-05	Split ctrl tap & plug 10" to 12"		
06-06	Hot tap/branch connection		
06-07	TDW shortstop II - 6" to 12"		
06-08	Low/semi high press. bagging		
06-09	Low pressure drill & thread		
06-10	Change riser valve		
06-11	Low pressure foaming opts		
06-12	TP - oprs. tap/plug equip. (1" to 2")		
06-13	PE tapping tee (outlet sizes 1/2" to 2")		
06-14	PE hot tap/branch (McElroy). (2", 4")		
06-15	PE hot tap/branch (1/2", 1" & 2")		



After completion, OQC will MAIL this sheet along with Qualification Evaluation(s) to \_\_\_\_\_ at 3301 Crow Canyon Rd., San Ramon CA 94583

Both Signatures Required

Coordinator's Signature / CORP ID: \_\_\_\_\_ / \_\_\_\_\_

Evaluator's Signature / CORP ID: \_\_\_\_\_ / \_\_\_\_\_



# Pacific Gas and Electric Company

## DOT GAS OQ TASK / CHANGE FORM

- Indicate ADD or DEL next to the appropriate task(s).
- If (ADD) indicate Initial (IQ) or Subsequent (SQ) in the appr. legend column.
- If (DEL), indicate 1 thru 5 for reason in the appropriate legend column.
- If adding, provide appropriate Qualification Evaluation form(s) and send to OQC for review. If Deleting no other forms are necessary.

ADD for Initial or Subsequent qualification  
 DEL for Deleting a qualification

Last Name: \_\_\_\_\_  
 PERNR#: \_\_\_\_\_  
 PCC: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Corporate ID: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Add Legend

- IQ - Initial qualification
- SQ - Subsequent qualification

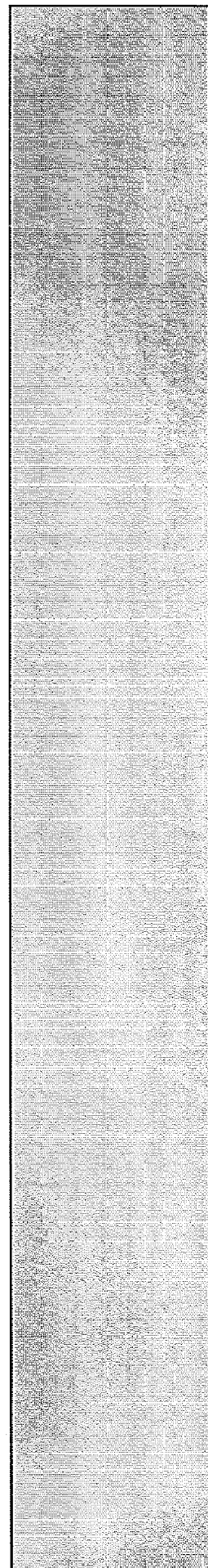
### Delete Legend

- 1 - Employee failed subsequent qualification
- 2 - Employee's performance contributed to incident
- 3 - Employee's performance unsatisfactory
- 4 - Operational needs
- 5 - Department exempt under OQ rule

#	Title	ADD/DEL	Legend
07-01	PURGING OF PIPELINE		
	Air purging		
07-02	Gas purging		
07-03	Inert purging		
07-04	Air mover operations		
	PATROLLING		
08-01	I&M transmission line		
09-02	I&M distribution line		
09-03	Maintain line markers		
	LEAK SURVEY / INVESTIGATION		
09-01	Conduct survey		
09-02	Leak investigation		
09-03	F/S Leak investigation		
09-04	Leak survey - (OMID)		
09-05	Leak survey - (RWLD)		
09-06	HFI - Health DP3 & DP4		
09-07	HFI - OVA-88		
09-08	F. S. Leak Grading		

#	Title	ADD/DEL	Legend
	TRANSMISSION LINE REPAIR		
10-01	Trmsn line repair proced. by welding		
10-02	Weld inspection		
10-03	IN-SERVICE WELDING (INACTIVE)		
10-04	TP line repairs - mechanical		
	I & T REMOTE CONT. S/D DEV.		
11-01	I&T comp. rem shutdown dev.		
11-02	Test remote control devices		
	S.O. & SD COMPRESSOR UNITS		
12-01	S. O. & S/D turbine - local		
12-02	GSO - S/O Start comp/motor remote		
12-03	S. O. & S/D recip./local		
	MAINTAIN GAS DET. & ALARM		
13-01	I. T. & maint. gas det. Alarms		
13-02	Remote system monitoring		
14-01	I & T PRESS. REGS & LIMITORS		
14-02	M&O regs & monitors (cntrl operat'd)		
	M&O regs & monitors (Spring & Pilot operat'd)		

#	Title	ADD/DEL	Legend
	MON. TELEM. & PRESS. REC.		
15-01	Electronically monitor sys conditions		
15-02	Monitor dist. recording device		
15-03	Monitor telemeter & br. PD		
15-04	I & M electronic control & data sys		
	INSPECT & TEST RELIEF DEVICES		
16-01	Test/maintain relief dev.		
	VALVE MAINTENANCE		
17-01	I & M emergency valves		
17-02	GSO - valve operation remote		
17-03	GSO manual valve operation		
	VAULT MAINTENANCE		
18-01	Inspect vault		
	ODORIZATION		
19-01	I & M odorant equipment		
19-02	Conduct Sampling of Odorant		



After completion, OQC will MAIL this sheet along with Qualification Evaluation(s) to [redacted] at 3301 Crow Canyon Rd., San Ramon CA 94583

Both Signatures Required

Coordinator's Signature / CORP ID: \_\_\_\_\_ / \_\_\_\_\_

Evaluator's Signature / CORP ID: \_\_\_\_\_ / \_\_\_\_\_